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SEX, LIES, AND GOFFMAN: EMBODIMENT AND FABRICATION IN THE AGE OF AIDS ¹

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THE FREQUENTLY INEXORABLE fatality, pansexual communicability, and lengthy period of asymptomatic latency of HIV combine to form biological realities and ecological dangers that are individually and socially problematic at very deep levels. How can we think sociologically about the AIDS epidemic? Talcott Parsons' concept of "sick role,"² a venerable and productive staple of medical sociology, gives us little to work with here, precisely as sexually active, HIV-positive but undiagnosed and asymptomatic persons do not see themselves as "sick." Nor, importantly, do others, including: sexual intimates, friends, family members, employers, and health professionals. The interpersonal face of HIV is often trusted, sexually inviting, and deceptively healthy. In choosing sexual partners today, the age of AIDS confronts us with our vulnerabilities as embodied beings living together in institutionally-ordered, bureaucratized lifeworlds. This case study places these vulnerabilities within the reach of contemporary sociological thought, with particular emphasis on Erving Goffman's penultimate work: *Frame Analysis*.

In making foundational use of Goffman's general metatheory of meaning, the central analytic thread in this chapter is deeply structuralist. Much that rings true in this core framework is extended by—and contextualized in—the structuralist aspects of recent works by Michel Foucault, Anthony Giddens, and Niklas Luhmann. I draw also upon the phenomenology of Alfred Schultz and such critical dimensions of neo-Marxist thinking that focus on the lived realities and consequences of class inequality and what Mary Jo Deegan (1985) calls multiple minority statuses. Given these standpoints, I offer what must be necessarily a brief tour of the HIV/AIDS crisis from my perspective as a sociologist.

ECOLOGICAL DANGERS

To begin, it is worth stressing that the AIDS virus is a biological agent, explainable in our cosmology by reference to what Goffman calls the "natural framework." As a biological agent, this virus is external to society (which I understood to be a set or system of interrelated social institutions).³ The virus infiltrates and subsequently kills the human organisms essential for the

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² *The Social System*. New York: Free Press, 1951.

³ The concept of "system" is exceptionally inclusive and, therefore, potentially powerful: A system is a set of interrelated elements within an environment demarcated by a more or less permeable boundary.

propagation, maintenance, and reproduction of human social systems. Thus, the AIDS virus is a social treat *via* the extent to which it can eradicate all (or consequentially significant numbers) of human organisms.

The threat posed by AIDS to a society has the characteristics of what Niklas Luhmann (1989: 28) calls exposure to an ecological danger. Such a danger, as a component of the environment external to a social system,

can make itself noticed only by means of communicative irritations or disturbances, and then these have to react to themselves.

When ecological dangers result finally in recognizable resonances within standing institutional patterns, it becomes possible, albeit in very limited ways, for us to conceptualize and communicate about a potential ecological catastrophe.

An important aspect of Luhmann's theory of ecological communication is that societies cannot know about or respond to external dangers when institutional resonance is lacking. The history of the HIV/AIDS epidemic is a chilling illustration. During the early phases of the outbreak, no one recognized AIDS as a new disease. Institutional resonance was absent until sufficiently large numbers of people *died*, creating an "*irritation*," to use Luhmann's language, about which institutional communication ensued, prompting a search for the cause of the deaths, and, in turn, discovering the viral etiology of AIDS.

Had it been that the AIDS virus could spread far more quickly and efficiently than appears to be the case, our social system would have been completely blind sided—and eliminated. As Luhmann and Giddens both observe, we may very well be subject in future to the apocalyptic ravages of an ecological danger that is currently—and totally unknown to us—infiltrating our biological organisms as we breathe, sneeze, and shake hands with each other. Societies are vulnerable to ecological dangers, and there is nothing that we can do about this situation. As Luhmann puts it, bluntly, we cannot see what we cannot see. It is not a matter, in this situation, of improving our existing surveillance capabilities, because the ecological dangers that are potentially most catastrophic may be threats that we will not recognize until it is much too late for our institutions to respond adequately.

Fortunately, it appears in the instance of HIV/AIDS that institutional resonance developed before time ran out for society as a whole. But, the near universal infiltration of the virus via blood transfusions throughout the population of hemophiliacs is a stark reminder of our collective vulnerability to ecological dangers. The less comprehensive but no less tragic decimation of male homosexual communities in the United States is a further example. Indeed, the early misconception that the spread of HIV/AIDS was limited to homosexual transmission illustrates all too clearly the inability of American social institutions to recognize the true contours of the danger it faced, and continues to face. Institutional susceptibility to a biological danger, in this case HIV/AIDS, provides the material backdrop for furthering the sociological discussion of vulnerability, this time as it applies directly to interpersonal interactions and our social constructions of our material reality.

REFLEXIVITY, SURVEILLANCE AND THE INDIVIDUAL

The same material conditions that make it impossible for societies to see what they cannot see also prevent individuals from knowing that their bodies have been infiltrated by a latent, asymptomatic biological agent. The surveillance problem that hangs over society as a whole also has individual counterparts. With exposure to HIV/AIDS, the latency period can extend to as long as ten years and beyond. During latency, the individual organism experiences nothing physically that suggests “illness” or a problematic situation. We can smugly congratulate ourselves on being reflexive organisms, but reflexivity requires input (or a “strip” to use Goffman’s term) capable of being sensed and then framed (or made sense of) in some meaningful way.

During latency, in order to know positively if one has contracted HIV, one must submit to an expert screening and diagnostic procedure; an example of what Giddens calls the necessity in our modern era of placing trust in expert systems. The test regimen includes a series of at least two positive screening tests and a confirming Western Blot test. Most people, however, have little motivation to undergo testing. Major exceptions include: (a) states where HIV testing is required for marriage licenses, (b) some categories of federal employment, including military service, (c) blood donation, or (d) known or suspected exposure to the virus. Complicating the situation is the obvious fact that a negative test result at a given point in time says nothing about a person’s status vis a vis infection at subsequent dates.

In lieu of a confirming series of positive tests or a recent and reliable negative test result, an individual’s self-estimate of his/her HIV status depends primarily (if not wholly) upon two factors: (1) self-assessments of his/her personal health and (2) self-estimates of the likelihood of contagion. Both factors allow enormous latitude for self-deception, and are greatly complicated by the extended, asymptomatic nature of HIV latency. In sum, the informal, day-to-day reflexive monitoring of our bodies provides no discernable clues or signs concerning HIV status during what could be years of latency. As there is no available cure for this fatal disease, it might be well not to know the truth of one’s infection and inevitable death—were it not for the fact that early detection and treatment can prolong the period before death, *and* the horrible reality that infected persons can communicate the virus to others during the latent period.

TRUST AND INTIMACY

HIV/AIDS transmission can be accomplished in diverse ways, but the most deeply problematic from a social and individual standpoint is infection resulting from homosexual and heterosexual intercourse. This problematic arises from the relatively high degree of trust and interpersonal affection commonly associated with sexual intimacy in this society, especially in committed and socially sanctioned relationships. For many persons within committed heterosexual relationships, sexual union not only symbolizes but also concretely realizes the creation and continuity of human life. Due to the biological reality of HIV/AIDS, the trusting, intimate act that creates life can now become, simultaneously, the means of disease, disfigurement, and death. Betrayal of sexual trust is a common enough theme in western imagery, but at no time since the

early 1900s have the potential consequences of a sexually transmitted disease been so catastrophically lethal.

Giddens goes to great lengths to draw the modern world as a temporal and spatial locale in which trust in professional experts and technological intrusions pervade the intimacies of our day-to-day lives. This is important work, but the reality and deadly biological simplicity of the HIV/AIDS crisis underscores a more old-fashioned dimension of trust in our modern world, specifically: the confidences and responsibilities so often promised and assumed between committed sexual intimates. It is to this aspect of trust that Goffman's analysis of fabrication is directly applicable and to which the remainder of this discussion is devoted.

Ostensibly at issue here are the responsibilities that sexual intimates have to avoid contracting and transmitting HIV/AIDS to each other. In legal terms, it takes little to establish a situation reasonably characterized as confidential. For example:

It has been cogently argued that "[p]artners to the sexual intercourse, if only for a brief time, share a trust and intimacy that elevates their relationship from the level of mere friend or acquaintance. Their confidential relationship should invoke a heightened duty, requiring disclosure of specific facts as circumstances dictate: the risk of contracting an incurable disease demands disclosure even to one with whom intimacy has only briefly been shared." (Herman 1978: 166).

That is to say, where a party to sexual intimacy has knowledge of or reason to suspect that he/she is or may be HIV positive, he/she has an institutionally sanctioned responsibility to reveal this situation to his/her sexual partner(s). But, it is not the moral or institutional imperatives per se that I want to emphasize. Those issues are perceptively analyzed by Sissela Bok. Rather, I am interested in understanding, theoretically, the *structural* possibilities that *enable* lethal prevarications between intimates.

SEX AND FABRICATIONS

Goffman's analyses of lies and lying (or fabrications) are particularly cogent chapters in *Frame Analysis*. The groundwork for his explication of lying rests on the idea of keys and keying. Keying is a process whereby something that is already meaningful in terms of a primary framework (of which there are two, social and natural) is transformed systematically into something similar yet essentially different. For example, consider the transformation of something serious, say a friend dying of AIDS, into a serio-comedic stage play (or dramatic scripting) about someone dying of AIDS. A central aspect of keying is that all participants in a given social frame, say a funeral home or a theater, know what the organizing frame is. A basic axiom for Goffman's theory is the proposition that anything that can be framed (or made meaningful) can be keyed. Further, anything that can be keyed can be keyed again, and so on.

The easy facility with which established frames can be keyed and rekeyed is, I argue elsewhere, a tragic flaw (if you will) in our cosmological system that makes it very easy for us to

invest a lot of energy keying and rekeying problematic frames rather than doing anything concrete to change or act effectively upon the problematic patterns. For example, heterosexual transmission of HIV/AIDS has within the past few years been framed and keyed in the public media as a significant “social problem.” Almost as quickly, a book by Michael Fumento titled *The Myth of Heterosexual AIDS* ⁴ attempted, referencing much of the same empirical data, to argue that heterosexual transmission of HIV/AIDS is *not* a problem. The result all too often in such circumstances is continuing and distracting *debate* and unending calls for “more research” rather than effective, concentrated social action.

Fabrication, by contrast with a key, intentionally induces a situation where one or more persons (dupes) are kept in the dark concerning the real frame or actual state of affairs. Thus, when a known HIV-positive person has sexual intercourse with someone without revealing his/her contagious condition to his/her partner, Goffman would speak of a perpetrator who has contained a dupe in an exploitive fabrication. Several axiomatic principles follow, including the insight that anything that can be framed can be fabricated. Further, anything that can be keyed can be fabricated. And, conversely, anything that can be fabricated can be keyed.

Where fabrication consists of lying (or concealment) in the case of known HIV/AIDS infections, the material realities of human embodiment come in heavily on the side of the liar in two important ways. First, as noted above, the perpetrator’s body exhibits no physical manifestations of the infection such that a cautious or suspicious partner could make a correct determination of the operative or real frame through interpersonal surveillance or inspection. Second, knowledge of truth or falsity is contained on the “inside” of the perpetrator’s body, i.e., within his/her brain, where it is unavailable for intersubjectively verifiable inspection by interested third parties. In sum, lying is made possible by the inside/outside construction of the human body, and no amount of moral suasion concerning the rightness or wrongness of lying can eradicate this ever present *possibility*. Hence, existentially, we must learn to live at all times under the certain possibility that we may be contained in any number of fabricated frames. For sexually active humans in the age of AIDS, this is a structural reality of no small moment.

The natural world, it turns out, has not been egalitarian in distributing the potential risk of HIV/AIDS transmission/infection in heterosexual relationships. All things equal, a woman apparently stands a somewhat higher risk of being infected by an HIV-positive male than vice versa. In addition, women also stand at risk of other outcomes of unprotected sex, not the least of which is pregnancy and the possibility of giving birth to an HIV-positive baby. Pragmatically, women must be particularly alert to containment by HIV-infected men. Unfortunately, the normative expectation of maintaining trust in those we love pre-positions women in affectionate heterosexual relationships for cruel and unwanted consequences. It is one of Goffman’s astute observations that the points at which we are most likely to be contained in really serious fabrications are precisely those situations in which, ostensibly, we have the least reason to fear being duped.

⁴ New York: Basic Books, 1990.

A crucial issue related to heterosexual transmission of HIV/AIDS is participation in what have been termed “high risk” behaviors, such as frequent, unprotected sex with multiple partners. Under the law, a person who understands what constitutes risky behavior and who nonetheless engages in it incurs an obligation to inform his/her potential sexual partners that they are, therefore, at risk also. Self-report studies of college students and of males who purchase sexual encounters from female prostitutes suggest, however, that many men and women who know “the facts” about HIV/AIDS routinely discount the riskiness of their own sexual practices. A shocking although common revelation is that respondents are confident of their ability to detect HIV/AIDS infections in other people on the basis of physical inspection and their personal knowledge of their partners’ background and behavior patterns. In this way, unwarranted social constructions of others’ bodies as “healthy” under conditions of HIV infection contribute directly to the biological vulnerability of the body to unseen ecological dangers.

Such social constructions in matters sexual give stability and apparent certainty in situations where reality may in fact be somewhat slipperier. For example, attribution of paternity to a legally designated husband must in many cases be a convenient fiction, especially given the reported frequency in the US of extramarital intimacies, a point I have noted elsewhere (Hill 1987: 76-77):

With high rates of teenage promiscuity and pregnancy, not to mention multiple-partner sexual liaisons among adults both married and single, it is reasonable to conclude that in significantly increasing numbers of pregnancies there is no congruence between the genetic father and the genitor/pater in many so-called “ideal” marriages. Without a court test and paternity evidence provided to the contrary, the vast majority in this society are quite happy to assume and act as though the husband in a conjugal nuclear family is necessarily the genetic father of his children, even when a quick calculation of the odds could easily lead to alternate conclusions.

In sum, it strikes me as vital that social research in matters sexual must carefully and sensitively examine the ways in which we frame our bodies and socially construct (and re-construct) the lived realities of sexual intimacy.

I conclude by reminding us that fabrication can work in any number of unexpected ways. For example, there will no doubt be documented cases of persons claiming to be HIV-positive, when they are in fact negative, for the sole purpose of provoking and/or rationalizing the break-up of an on-going relationship. Such a ploy could, of course, result in vicious retaliation by an angered sexual partner and/or stigmatization if the false claim became widely known and accepted as true. As the relevant cultural epigram observes: Oh, what tangled webs we weave!

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